



MISSOURI DEPARTMENT OF REVENUE
**REQUEST FOR INFORMATION/AUDIT
OF LOCAL SALES/USE TAX RECORDS**

FORM
4379
(REV. 8-2002)

The political subdivision of _____, Missouri, pursuant to the provisions of Sections 32.057 and 144.121, RSMo, formally requests to inspect or audit any and all records requested below pertaining to the administration, collection and enforcement of its sales/use tax. (Please indicate the tax periods for which you are requesting the information, the media and frequency in which you wish to receive the reports.)

REPORT FREQUENCY	BEGINNING DATE OF REPORT	ENDING DATE OF REPORT	TAX TYPE	TYPE OF MEDIA
<input type="checkbox"/> Monthly			<input type="checkbox"/> Sales Tax	<input type="checkbox"/> Paper
<input type="checkbox"/> Quarterly			<input type="checkbox"/> Option Use Tax	<input type="checkbox"/> CD
<input type="checkbox"/> Semi-Annually			<input type="checkbox"/> Sales Tax and Option Use Tax	<input type="checkbox"/> Diskette
<input type="checkbox"/> Annually				
<input type="checkbox"/> Free Report*	JULY	JUNE		

*Each city/county may receive **one** free report each year. This report reflects information from the most current **fiscal** year. The department's **fiscal** year runs from July to June. See back of form for additional information.

CONTACT PERSON		TITLE
PHONE	FAX:	EMAIL:
(SMALL REPORTS)		(ELECTRONIC TRANSFERS)

EXPLAIN IN DETAIL

As chief executive of this political subdivision, I authorize and hereby confirm that the individual(s) named below will receive and/or perform the inspection or audit on behalf of the political subdivision. We have reviewed and will comply with Sections 144.121, 144.122, and 32.057, RSMo pertaining to the strict confidentiality of all records of the Missouri Department of Revenue to which access has been granted.

PRINT NAME OF CHIEF EXECUTIVE	SIGNATURE OF CHIEF EXECUTIVE	TITLE	SOCIAL SECURITY NUMBER	DATE

AUTHORIZED INDIVIDUALS RECEIVING/REVIEWING REPORT(S)			
PRINT NAME	SIGNATURE	SOCIAL SECURITY NUMBER	DATE

INDICATE THE ADDRESS TO WHICH THE REPORTS SHOULD BE SENT.			
NAME OF AUTHORIZED INDIVIDUAL RECEIVING REPORT(S)		POLITICAL SUBDIVISION	
STREET	CITY	STATE	ZIP CODE
FAX	EMAIL		

MAIL COMPLETED FORM TO: MISSOURI DEPARTMENT OF REVENUE, DIVISION OF TAXATION AND COLLECTION, P.O. BOX 3380, JEFFERSON CITY, MO 65105-3380

FOR DEPARTMENT USE ONLY		
DATE APPROVED	COUNTY CODE	CITY CODE(S)
DATE COMPLETED	TAX TYPES	

REQUEST FOR LOCAL SALES AND OPTION USE TAX INFORMATION

Sections 32.057 and 144.121, RSMo, allow the Missouri Department of Revenue to release sales and local option use tax information to political subdivisions that have imposed a sales and/or local option use tax. It is important to note that this tax information is confidential and may only be used according to the provisions of Section 32.057, RSMo.

To receive this tax information, the chief executive of your political subdivision (mayor or presiding commissioner) must approve and sign the Missouri Department of Revenue Form 4379. This form must be fully completed before it will be processed. If this form is not properly completed, we will return it for the additional information.

The request for tax information (Form 4379) is valid for one year. The Department will automatically process the request in the report frequency and in the media (paper, CD, or diskette) indicated on the form. For contacting purposes, indicate an authorized person, telephone number, fax number and e-mail address. The requested information will be sent directly to the authorized personnel as indicated on the form.

*Each city and county may receive one annual report (current fiscal year available) free of charge. This report reflects information from the current July to June period and consists of two parts. One part lists the businesses registered, the business address, the business MITS number, Standard Industry Code and business location(s). The other part is a detailed financial report from these businesses. The cost for all other distribution reports, including monthly reports, is determined by the Department of Revenue, Information Technology (IT). IT will contact you regarding the cost of special requests.

Please return the completed form to the Missouri Department of Revenue, Division of Taxation and Collection, P.O. Box 3380, Jefferson City, Missouri 65105-3380. The Department of Revenue can also assist you in other matters relating to the collection and administration of your sales and local option use tax. If you have questions regarding your request or if we may be of other assistance, please contact the Division of Taxation and Collection at the above address or call (573) 751-4876. For more information about the types of reports available or for the cost of these reports, contact the Information Technology, P.O. Box 41, Jefferson City, Missouri 65105-0041 or call (573) 751-4391.